

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
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P.O. Box 1450  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

36802 7590 03/22/2005

PACESETTER, INC.  
15900 VALLEY VIEW COURT  
SYLMAR, CA 91392-9221

04/22/2005 MBIZUNE2 00000038 160068 10045844

01 FC:1501 1400.00 DA  
02 FC:8001 12.00 DA



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## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Gristene Amador (Depositor's name)  
*Gristene Amador* (Signature)  
04/22/05 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/045,844	11/08/2001	George I. Isaac	A01P1076	1777

TITLE OF INVENTION: METHOD OF RECHARGING BATTERY FOR AN IMPLANTABLE MEDICAL DEVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	06/22/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MULLEN, KRISTEN DROESCH	3762	607-005000

## 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

## 2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

PACESETTER, INC.

## (B) RESIDENCE: (CITY and STATE OR COUNTRY)

15900 Valley View Court  
Sylmar, CA 91392-9221

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

## 4a. The following fee(s) are enclosed:

- ☒ Issue Fee  
☐ Publication Fee (No small entity discount permitted)  
☒ Advance Order - # of Copies 4

## 4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.  
☐ Payment by credit card. Form PTO-2038 is attached.  
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-0068 (enclose a true copy of this form).

## 5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Derrick Reed

Date

4/22/05

Typed or printed name

Registration No.

40,138

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**TELECOPIER COVER SHEET**

April 22, 2005

<b>To: Assistant Commissioner for Patents</b>	<b>From: Cristene Amador Senior Patent Assistant 818/493-3103</b>
<b>Attention: BOX ISSUE FEE</b>	<b>ST. JUDE MEDICAL CRMD</b> 15900 Valley View Court Sylmar, California 91392-9221
<b>Telecopier: 703/746-4000</b>	<b>Telecopier: 818/362-4795</b>
<b>RE: Payment of ISSUE FEE</b> Applic. No. 10/045,844 Filed: 11/08/2001 Docket No. A01P1076	Number of pages being sent: <u>2</u> (including cover page)